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**CHAPTER 3:**

**MENTAL HEALTH  
TRANSFORMATION IN  
INDIAN COUNTRY**

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**INTRODUCTION**

Washington State has worked towards developing consistent relationships with the Tribal governments within our state. The Centennial Accord affirms the government-to-government relationship between the state and Tribes. In keeping with those expectations, the MHTP developed a parallel process for providing Tribal input, tribal outcomes and strategies contained in this chapter, with the support of the American Indian Health Commission, the DSHS Indian Policy Advisory Committee, and through contract with the Northwest Portland Area Indian Health Board (NPAIHB).

Two public forums were conducted in May 2006. NPAIHB conducted a thematic analysis of the information received during those events. Each item identified showed the number of times it was raised as an issue in the meetings (the number in parenthesis before each stated theme). In July, the Indian Policy Advisory Committee (IPAC), a function of the Department of Social and Health Services with Tribal leader membership, reviewed and organized the themes from the two public forums into two major outcomes and specific, recommended strategies for reaching those outcomes. The report appears here in its entirety: the TWG has received the recommendations and they are currently under review.

**TRIBAL FORUM  
REPORT<sup>1</sup>**

**Overall Outcome:** In accordance with the principles of the Centennial Accord, the Mental Health Transformation Grant activities will be developed and measured with a commitment to the Government-to-Government relationship of the Governor's Office and the Federally Recognized Tribes of Washington State. Participation and inclusion in all facets of the development of the transformation plan and implementation will acknowledge this relationship, and seek mutual opportunities to address the mental health needs of the Native American Communities.

(Topics are listed in order of number of responses per Issue.)

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<sup>1</sup> Report for the Northwest Portland Area Indian Health Board, Mental Health Transformation Grant, State of Washington. Linda D. Bane Frizzell, Ph.D.

**1. Issue: (45)**

**There needs to be intensive efforts developed to address cultural competency issues and problems.**

**Outcome:** There will be an improved understanding by State officials/employees and other local governments about tribal government legal status.

- There will be tribal legal status training for non-tribal providers, local governments, and State employees.

**Outcome:** There will be an increase in culturally competent mental health service providers.

- Cultural or traditional services will be viewed as an equal service when compared to western/European mental health practices; and will be equitably reimbursed and recognized as legitimate services.

**Outcome:** There will be an increase in culturally competent mental health service programs.

- There will be an increase in research activities, with tribal government approval, to increase the body of knowledge (best practices) for Indian specific programs.

**2. Issue: (34)**

**There should be regular meaningful tribal consultation meetings established (annually, or biannually, or quarterly) to work with tribal representatives at the government to government level for: discussion of health issues, policy development, collaborations, seamless operations, assessment and evaluation of programs.**

**Outcome:** Treaty and Executive Order Tribal rights will be honored.

- Consultation meetings will be meaningful, with each government contributing, and with representatives that have "administrative authority" to make decisions about: health issues, communication, waivers, policy development collaborations, seamless operations, assessment and evaluation of programs.

**Outcome:** There will be tribal representation on the State's Mental Health Planning and Advisory Council, Ethnic Minority Advisory Committee, and Transformation Grant's committees.

- There will be a process developed to ensure tribal representation on all respective commissions, planning committees, and other groups established that would have an impact on tribal populations.

**3. Issue: (33)**

**Mental Illness and co-occurring disorders are difficult to segregate (as is currently true in the current State system; but not in most tribal behavioral health programs) when the focus should be on the patient/client as a whole person who must be able to interact with multiple entities in their communities.**

**Outcome:** There will be comprehensive services that are delivered in a seamless system.

- There will be Community Mental Health Centers developed to promote the seamless delivery of services.
- There will be a system developed to share HIPAA and provider approved medical record transactions that will be non-duplicative for tribal providers.
- Patients/clients will not be required to complete multiple eligibility forms or endure repetitive tests/assessments.

**4. Issue: (26)**

**The RSN system has not proved to be effective, accessible, or culturally competent for use by American Indian patients nor has there been effective participation with tribal providers.**

**Outcome:** The State must acknowledge that it has a shared responsibility with the federal government to provide health services. This responsibility should not be delegated to RSNs, municipalities or other governmental entities.

- The State, in consultation with tribal governments will develop a reimbursement system that is direct and responsive to meet the needs of patient/client. This system will provide reimbursement for all tribal behavioral health services and is not solely dependent on any single payer (e.g. public, private, other third party payers).

**5. Issue: (21)**

**License/certification criteria needs to be changed to deem tribally certified professionals and facilities as eligible to be**

**reimbursed for services, including where desired, direct State contracts.**

**Outcome:** There will be an acknowledgement by certification bodies and payers of services to accept practices of cultural customs and traditional health practices by tribally certified providers and facilities.

- Tribal governments will maintain records and certificates of their certified personnel and facilities.
- There will be certification programs developed to allow for acceptance of training in related disciplines to be applied toward a generalist certification.
- There will be certification programs developed to include recent advances in behavioral health services (i.e. peer counseling, motivational interviewing).

**6. Issue: (16)**

**The law enforcement workforce and the court system need to be changed to adequately protect communities and become a collaborator in the mental illness service delivery system.**

**Outcome:** There will be an increase in the overall number of law enforcement professionals, and an increase in capacity for improving outcomes for people who are mentally ill.

- Law enforcement professionals will be trained in interventions that include: coordination procedures with mental health professionals, crisis intervention, dealing with people with mental illnesses (including patient confidentiality), and cultural competence.

**Outcome:** The State and local governments will recognize tribal court orders with full faith and credit and accept tribal assessments.

**7. Issue: (15)**

**The state Medicaid plan needs to be changed to include more reimbursable services for prevention and for patients with mental illness and co-occurring disorders. Current programs are over burdened and consequently do not have the ability to cost-shift expenses to maintain programs and services without reimbursement.**

**8. Issue: (5)**

**Outcome:** The state Medicaid plan will be enhanced to include more reimbursable services for prevention and for patients with mental illness and co-occurring disorders.

**There is not enough emphasis on the impact of the K-12 educational system and its role in mental health. This relates to the issues associated with school personnel to respond to mental health issues and administrative issues on how they operate educational programs.**

**Outcome:** There will be increased support for the educational system to develop programs to increase their ability to deal with mental health issues, including allowance for the increasing numbers of drug abuse affected children.

- Public K-12 schools will enhance their prevention curriculums and on-site health services.
- The State will invite Tribal Colleges to become more involved in addressing the mental health needs including curriculum development, cultural competency training, research projects, and professional preparation (certification).

**9. Issue: (4)**

**Resources need to be allocated to enable system changes needed to participate in the transformation project.**

**Outcome:** There will be a commitment by the State to begin a process that brings together tribal service providers, higher education, Portland Area Indian Health Board, SAMSHA (including the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment), and other collaborators.

- This commitment will be progress toward improving the lives of Indian people and not just another pilot project that gets buried in the bureaucracy.

**NEXT STEPS**

Recommendations in this section have not yet been reviewed by the TWG. This will occur at the August 25, 2006, meeting.